Unemployment Insurance Benefit Audit Respond Within 10 Days Reply Is Required By Law

KANSAS DEPARTMENT OF HUMAN RESOURCES U.I. Benefit Payment Control 401 SW Topeka Boulevard, Topeka, Kansas 66603-3182 913-296-3609

Give location of claimant's employment	t, if different from address below:		
	_		
			-
ACTUAL FIRST DAY WORKED		LAST DAY WORKED)
Check box if no earning	ngs for periods listed below	<i>'</i> .	
Social Security Account Number Claimant's		Claimant's Name	
Report gross wages ea	arned, Sunday through Satu	ırday, regardless of	your pay period.
Week Ended Amount Earned \$	Week Ended Amount Earned \$		COMMENTS
Week Ended Amount Earned \$	Week Ended Amount Earned \$		
Week Ended Amount Earned \$	Week Ended Amount Earned \$		
Week Ended Amount Earned \$	Week Ended Amount Earned \$		
Week Ended	Week Ended		
Amount Earned \$ Week Ended	Amount Earned \$ Week Ended		
Amount Earned \$	Amount Earned \$		
Week Ended Amount Earned \$	Rate of Pay:	Weekly	☐ Bi-Weekly ☐ Monthly
I hereby certify that the above infor	mation is true and correct, to the	best of my knowedge.	
Signature of Preparer	Title		Phone
Preparer Name (print or type)		Date _	
PLEASE COMPLETE AND RETURN T	HIS FORM TO:		_
Thank you for your coope This information helps p your U.I. tax dollars	rotect		
K-BEN 3290 (6-90)	L		_